

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> <b>Western District of New York</b>		<b>Voluntary Petition</b>																
Name of Debtor (if individual, enter Last, First, Middle): <b>Aldrich, Jeffery K.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Aldrich, Michelle J.</b>																	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): <b>aka Michelle Hawley</b>																	
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-7313</b>			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-4345</b>																	
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>2498 Hunter Hill</b> <b>Jasper, NY 14855</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>2498 Hunter Hill</b> <b>Jasper, NY 14855</b>																	
County of Residence or of the Principal Place of Business: <b>Steuben</b>			County of Residence or of the Principal Place of Business: <b>Steuben</b>																	
Mailing Address of Debtor (if different from street address): <b>PO Box 31</b> <b>Jasper, NY 14855</b>			Mailing Address of Joint Debtor (if different from street address): <b>PO Box 31</b> <b>Jasper, NY 14855</b>																	
Location of Principal Assets of Business Debtor (if different from street address above):																				
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																				
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																				
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																	
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																	
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																				
<b>Statistical/Administrative Information</b> (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY															
Estimated Number of Creditors <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">1-15</td> <td style="text-align: center;">16-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1000-over</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>						1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <span style="float: right;"><b>FORM B1, Page 2</b></span> <b>Aldrich, Jeffery K.</b> <b>Aldrich, Michelle J.</b>	
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)			
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	

  

<b>Signatures</b>	
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.          [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.          I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> <u>/s/ Jeffery K. Aldrich</u>          Signature of Debtor <b>Jeffery K. Aldrich</b></p> <p><b>X</b> <u>/s/ Michelle J. Aldrich</u>          Signature of Joint Debtor <b>Michelle J. Aldrich</b></p> <p>_____          Telephone Number (If not represented by attorney)</p> <p><u><b>June 16, 2004</b></u>          Date</p>	<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p> <hr/> <p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p> <p><b>X</b> <u>/s/ Peter J. Degnan</u> <span style="float: right;"><u><b>June 16, 2004</b></u></span>          Signature of Attorney for Debtor(s) <span style="float: right;">Date</span>  <b>Peter J. Degnan</b></p> <hr/> <p style="text-align: center;"><b>Exhibit C</b></p> <p>Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.  <input checked="" type="checkbox"/> No</p>
<p style="text-align: center;"><b>Signature of Attorney</b></p> <p><b>X</b> <u>/s/ Peter J. Degnan</u>          Signature of Attorney for Debtor(s)  <b>Peter J. Degnan</b>          Printed Name of Attorney for Debtor(s)  <b>Peter J. Degnan, Esq.</b>          Firm Name  <b>35 Glen Street, Suite 1A</b>  <b>Alfred, NY 14802</b>          Address          Telephone Number  <u><b>June 16, 2004</b></u>          Date</p>	<p style="text-align: center;"><b>Signature of Non-Attorney Petition Preparer</b></p> <p>I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p> <p>_____          Printed Name of Bankruptcy Petition Preparer</p> <p>_____          Social Security Number (Required by 11 U.S.C. § 110(c).)</p> <p>_____          Address</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</p> <p>_____          If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><b>X</b> _____          Signature of Bankruptcy Petition Preparer</p> <p>_____          Date</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.          The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____          Signature of Authorized Individual</p> <p>_____          Printed Name of Authorized Individual</p> <p>_____          Title of Authorized Individual</p> <p>_____          Date</p>	

Aldrich, Jeffery and Michelle -

Adams & Hodges  
PO Box 2169  
Elmira, NY 14903

Allstate Insurance  
1979 Marcus Ave.  
New Hyde Park, NY 11042

Associated Radiologists of the Finger  
Lakes, PC  
100 East Fourteenth st.  
Elmira, NY 14903

Associated Recevery Systems  
201 West Grand Ave.  
Escondido, CA 92025

Bath Credit Services  
12 Liberty St.  
Bath, NY 14810

Bath National Bank  
44 Liberty Street  
Bath, NY 14810

Bath TV Cable  
45 Liberty  
Bath, NY 14810

Beneficial  
PO Box 1878  
Carol Stream, IL 60128

BMG Music Service  
PO Box 91545  
Indianapolis, IN 46291-0545

Capital One  
P.O. Box 85147  
Richmond, VA 23285-5147

CBE Group  
131 Tower Park Drive  
Suite 100  
Waterloo, IA 50701

Aldrich, Jeffery and Michelle -

Cellular One  
Attn: Jackie Thompson  
2875 Union Rd.  
Suite 35U  
Cheektowaga, NY 14227

Charter One Auto Finance  
Attn: Recovery Dept.  
228 E. Main Street  
Suite 300  
Rochester, NY 14604

Citibank  
Bankruptcy Recovery Dept.  
7920 N.W. 110th St; POB 20487  
Kansas City, MO 64195-9904

Citifinancial, Inc.  
368-B West Washington St.  
PO Box 629  
Bath, NY 14810

Corning Hospital  
176 Denison Parkway East  
Corning, NY 14830

Corning Radiology Assoc.  
218 Denison Parkway E.  
Corning, NY 14830

Credit Management Company  
995 Old Eagle School Road  
Suite 305  
Wayne, PA 19087

Creditors Collection Services, Inc.  
319 W. Water St.  
Elmira, NY 14902

Doubleday Large Print  
PO Box 6307  
Camp Hill, PA 17012

Finger Lakes Internists  
7603 Route 54  
Bath, NY 14810

Aldrich, Jeffery and Michelle -

First Collection Services  
PO Box 816  
Frankfort, IL 60423

GE Capital Cons Cardco  
PO Box 9001557  
Louisville, KY 40290

Griffith Energy  
760 Brooks Ave.  
Rochester, NY 14619

Guardian  
Group Pensions  
PO Box 26280  
Lehigh Valley, PA 18002-6280

Guthrie Medical Group  
1 Guthrie Square  
Sayre, PA 18840

Harris Beach LLP  
130 East Main Street  
Rochester, NY 14604

Household Bank  
PO Box 80084  
Salinas, CA 93912

Ira Davenport Memorial Hospital  
7570 State Route 54  
Bath, NY 14810

M&T Bank  
1 Fountain Plaza  
Special Assets, 9th Floor  
Buffalo, NY 14203-1495

MacDonald Health Center  
111 East 14th Street  
Elmira, NY 14903

North Shore Agency, Inc.  
751 Summa Ave.  
Westbury, NY 11590

Aldrich, Jeffery and Michelle -

Oral Maxillofacial Surgery  
451 West Church Street  
Elmira, NY 14901

Regional Pathology Associates  
218 Denison Parkway East  
Suite 2  
Corning, NY 14830

Rural Metro  
177 University Ave.  
Rochester, NY 14605

Sams Club  
PO Box 105982  
Dept. 77  
Atlanta, GA 30353-5982

Southern Tier Credit Center  
PO Box 118  
Hornell, NY 14843

St. James Mercy Hospital  
411 Canisteo St.  
Hornell, NY 14843-2104

Stellar Collection Services, Inc.  
PO Box 6960  
Syracuse, NY 13217

Steuben Trust Company  
1 Steuben Square  
Hornell, NY 14843

Swiss Colony  
1112 7th Ave  
Monroe, WI 53566-1364

Viahealth  
PO Box 10758  
Rochester, NY 14610